## REST AVAILABLE COPY

| Г  |  |  |  |  |            |                  |          |                        |                        |                 |                     |                        |
|--|--|--|--|--|------------|------------------|----------|------------------------|------------------------|-----------------|---------------------|------------------------|
|  | PATENT   | ORI  | Application or Docket Number  10775515 |  |            |                  |          |                        |                        |                 |                     |                        |
| CLAIMS AS FILED - PART I   |  |  |  |  |            |                  |          | SMALL ENTITY OTHER THA |                        |                 |                     |                        |
| r  | TOTAL CLAIM                                    | <u> </u>                                   | (Colur                                 | (Column 1)                             |            | (Column 2)       |          | TYPE                   |                        | o               | R SMAL              | L ENTITY               |
| ╟  | TOTAL CEATIVI                                  | 1/2  | 19                                     |  | ·          |                  | RATE     | FE                     |                        | RATE            | FEE                 |                        |
| FOR  |  |  | NUMBE                                  | NUMBER FILED                           |            | NUMBER EXTRA     |          | BASIC F                | EE 385.                | <sup>00</sup> O | BASIC FE            | F 770.00               |
| 1  | OTAL CHARGE                                    | EABLE CLAIMS                               | /3 n                                   | /3 minus 20=                           |            | . 0              |          | XS 9=                  |                        | 0               | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |  | /                                      | minus 3 =                              |            | . 0              |          | X43=                   |                        | $\dashv$        | Yes                 | ,                      |
| ~  | IULTIPLE DEPE                                  | NDENT CLAIM                                | PRESENT                                |  |            |                  |          |                        |                        |                 | 1 100=              | <del> </del>           |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |  |  |            |                  |          | +145=                  |                        | OF              | +290=               |                        |
|  | ٠ , ١  |  | TOTAL                                  | · [                                    | OF         | TOTAL            | 770      |                        |                        |                 |                     |                        |
| O  | 2-10-04  | CLAIMS AS                                  | AMENDE                                 |  |            |                  | •        |                        | RTHAN                  |                 |                     |                        |
| _  |  | (Column 1)                                 | 1                                      | (Colum                                 |            | (Column 3)       |          | SMALI                  | L ENTITY               | _               | SMALL               | ENTITY                 |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT            |  | NUMB<br>PREVIO                         | ER<br>USLY | PRESENT<br>EXTRA |          | RATE                   | ADDI<br>TIONA<br>FEE   |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON  | Total  | ·Sona                                      | Minus                                  | dele                                   |            | =                |          | X\$ 9=                 |                        | OR              | X\$18=              |                        |
| ¥  | ind pendent                                    | •  | Minus                                  | . ***                                  |            | =                | ľ        | X43=                   |                        | ٦               | X86=                | /                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |            |                  | ┢        |                        | <del> </del> -         |                 | 7.002               |                        |
|  |  |  |  |  |            |                  |          | +145=                  |                        | OR              | +290≖               | L                      |
|  |  |  |  |  | •          |                  | _<br>A   | TOTAL<br>DDIT. FEE     |                        | OR              | TOTAL<br>ADDIT, FEE |                        |
|  | ·  | (Column 1)                                 |  | •                                      |            |                  | 7        |                        |                        |                 |                     |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO   | ER<br>JSLY | PRESENT<br>EXTRA |          | RATE                   | ADDI-<br>TIONAI<br>FEE | -               | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total  | *  | Minus                                  | **                                     | •          | ÷ .              | Γ        | X\$ 9=                 |                        | OR              | X\$18=              |                        |
| AME  | Independent                                    | NTATION OF MI                              | Minus                                  |  |            | -                |          | X43=                   | ·                      | OR              | X86=                |                        |
|  | · ·  | r  | . 4 45                                 |  | 1          |                  |          |                        |                        |                 |                     |                        |
|  | ·  |  |  |  |            |                  |          | +145=                  |                        | OR              | +290≠               |                        |
|  |  |  |  |  |            |                  |          | TOTAL<br>DIT. FEE      | <u> </u>               | JOR             | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)<br>CLAIMS                       |  | (Column                                |            | (Column 3)       |          |                        | ٠.                     | •               | •                   | •                      |
| ENIC   |  | REMAINING<br>AFTER<br>AMENDMENT            |  | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO | R<br>SLY   | PRESENT<br>EXTRA |          | RATE                   | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMEN   | Total  | *  | Minus                                  | 100                                    |            | =                |          | X\$ 9≈                 | , 25                   | OR              | X\$18=              |                        |
| ¥<br>E   | Independent                                    | *  | Minus                                  | and the last                           |            | =                | $\vdash$ | X43=                   |                        | 1. 1            | X86=                | ———                    |
| ٦  | FIRST PRESE                                    | T PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |            |                  |          | 110-                   |                        | OR              |                     |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* TOTAL OP ADDIT. FEE

OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independ nt) is the highest number found in the appropriate box in column 1.

OR

+145=